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REPORT OF THE EXECUTIVE DIRECTOR FOR 2000: THE MULTI-YEAR FUNDING FRAMEWORK

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EXECUTIVE SUMMARY

1. In adopting the UNFPA multi-year funding framework (MYFF) for 2000-2003 in decision 2000/9, the Executive Board requested the Executive Director to provide annual updates on the development and refinement of the framework. This initial report on implementation of the MYFF concentrates on ways in which UNFPA is beginning to operationalize the MYFF structure and, more generally, is orienting its operations to reflect a results-based approach. The report looks first at the context in which the MYFF is being implemented. In particular, the report highlights the catastrophic results of the HIV/AIDS pandemic and the toll that poverty extracts on the reproductive health of women, men and adolescents.

2. The MYFF sets out three long-term goals for UNFPA: (a) all couples and individuals enjoy good reproductive health, including family planning and sexual health, throughout life; (b) there is a balance between population dynamics and social and economic development; and (c) gender equality and empowerment of women are achieved. The MYFF specifies outputs for each of these goals, provides indicators to measure progress towards achieving the goals and outputs, and identifies the strategies, i.e., the ways in which resources are deployed, to achieve results.

3. The report provides a snapshot of the current situation with regard to MYFF goals, outputs and indicators, drawing on the annual reports of country offices and Country Technical Services Teams (CSTs) and a situation analysis in 123 countries. It discusses the rationale for each of the outputs and indicators and assesses the availability and quality of relevant data. The four principal strategies to achieve results identified in the MYFF are: advocacy; strengthening national capacity; building and using a knowledge base; and promoting, strengthening and coordinating partnerships. The MYFF situation analysis asked country offices to rate their success in using each of these strategies towards achieving the MYFF outputs, the first time that country offices had been asked to link strategies to MYFF outputs and to provide even a subjective assessment of their success.

4. The findings of the MYFF situation analysis show that the MYFF results, indicators and strategies are closely aligned with UNFPA country programmes. The situation analysis confirms that almost all UNFPA-funded programmes and activities have at least one of the MYFF goals, with 84 per cent of countries having at least two goals and 63 per cent of countries having all three goals. As for outputs, many countries have adopted the ones detailed in the MYFF – 78 per cent of country programmes have at least one of them – while other programmes have adopted outputs specific to their national contexts.

5. In all cases, the analysis has found that one of the key challenges in implementing the MYFF is to ensure the availability and quality of data to measure the chosen indicators. The report concludes that UNFPA country programmes must incorporate provisions for establishing and monitoring baselines and for building national capacity in the area of data collection and analysis. Another major focus of this year's report is on how the Fund is orienting and coordinating existing systems towards managing for results, including an analysis of the current situation, progress made, lessons learned and future priorities in programme and organizational management.

6. The MYFF has two components. The results framework provides a strategic tool for programme management and for demonstrating the results that the Fund's assistance is contributing to or achieving. The second component provides an integrated resources framework for the financial resources that are needed to achieve those results. The report links these two aspects by presenting projections of resources, showing how UNFPA has utilized resources in terms of country categories and programme areas and discusses some of the consequences if the MYFF resource target is not met. The shortfall in regular resources is now estimated to be $223 million, although a larger than expected inflow of other resources – primarily for reproductive health commodity security – means that the shortfall in combined resources may amount to $62 million. The report stresses the positive consequences if this resource gap could be bridged, including the fact that the developing world would have an estimated 3.7 million fewer unwanted pregnancies.

7. The report to the Executive Board concludes with some of the lessons learned during the initial implementation of the MYFF, including the continuing necessity of building a results-oriented culture inside UNFPA, of creating greater national ownership of country programmes and their results, and of building national capacity in data collection and analysis. The report lists a set of strategic priorities over the coming year for the Fund to strengthen its MYFF implementation.

I. INTRODUCTION

8. The Executive Board approved the 2000-2003 multi-year funding framework (MYFF) at its second regular session, 2000. The Board welcomed the strategic direction of the MYFF and requested the Executive Director to implement it while continuing to develop and refine it as a strategic management tool at corporate and country levels, taking into account experiences gained during implementation (decision 2000/9). The Board called for the full engagement of programme countries in the elaboration, monitoring and reporting of the results framework. The Board also requested the Executive Director to report on the implementation of the MYFF at its annual sessions, reviewing progress in contributing towards the goals and achieving the outputs of the results framework and the status of financial implementation of the resources framework.

9. This report on the MYFF is a significant landmark for UNFPA as it is the first time that the Fund has been able to give a clear indication of planned results at the country level, how they are being measured, and how country offices are setting out to achieve them. Implementing and reporting on the MYFF is a considerable challenge, but it also provides a unique opportunity to build a culture of performance throughout the organization. UNFPA recognizes that it is essential to strengthen a results-based approach in all aspects of its programme and internal management in order to successfully implement the MYFF and has embarked on a comprehensive programme to align the whole organization towards managing for results. UNFPA gratefully acknowledges the invaluable advice and support of Board members and the financial assistance provided by Canada, Denmark, Finland, Sweden, Switzerland and the United Kingdom in helping the Fund to develop and implement the MYFF.

10. A first step in MYFF implementation was to map the correspondence between the MYFF and ongoing country programmes, to establish a database that would allow the monitoring of

progress, and to develop recommendations for refinement. For this purpose, the Fund carried out a situation analysis of 123 countries to map the use the MYFF goals, outputs, indicators and strategies. The situation analysis gives broad validation to the MYFF results framework; captures the current situation with regard to data sources, availability, periodicity and utilization; and confirms that these are major constraints to the implementation of the MYFF and results-based management. These findings and the 2000 annual reports from country offices and Country Technical Services Teams (CSTs) provide essential background information and highlight organizational strengths and weaknesses as UNFPA begins to implement the MYFF. This report reviews the current situation with regard to results, indicators and strategies. Since the MYFF was only approved in April 2000, it is not possible to compare and analyse actual against planned results for the year 2000. The report also gives an update on the status of financial implementation of the integrated resources framework.

11. This year's reporting pays special attention to efforts to strengthen programme and internal management systems. A managing for results survey, completed by 72 country offices, provided information on key aspects of programme, financial, information and human resource management. This will be an essential tool for improving internal management as well as for monitoring and reporting to the Board on how the Fund is managing for results.

II. THE CONTEXT

12. The Programme of Action of the International Conference on Population and Development (ICPD) underscores that population concerns must be fully integrated into development and poverty-reduction strategies in order to meet the needs and improve the quality of life of present and future generations. It also recognizes that to achieve sustainable development and a higher quality of life for all, Governments must take appropriate measures to ensure gender equality and the empowerment of women and universal access to comprehensive reproductive health care.

13. Governments are paying increasing attention to addressing priorities outlined in the ICPD Programme of Action and the ICPD+5 review. Countries are nevertheless experiencing considerable challenges in achieving a balance between population dynamics and social and economic development; improving reproductive health, especially for the poor; and addressing the pervasive effects of gender inequalities across the life cycle.

14. UNFPA's MYFF for 2000-2003 reflects the results that the Fund is working to achieve in the context of ICPD and ICPD+5, and the indicators to demonstrate progress towards achieving those results. Table 1 gives the most recent available data on MYFF goal indicators according to UNFPA's geographic regions. This shows that sub-Saharan Africa, which includes most of the least developed countries, remains behind other regions in all but one of the indicators. Section III of this report will examine the current situation with regard to the goal and output indicators in the MYFF results framework.

Table 1: Selected indicators of MYFF goals by UNFPA's geographical regions: most recent data (1995-2000)

MYFF Indicators	Developing countries	Sub-Saharan Africa	Asia and the Pacific	Arab States	Latin America and the Caribbean
Unmet need for family planning	21%	25%	16%	20%	16%
Maternal mortality ratio	430	1000	270	440	180
Births with skilled attendants	63%	37%	52%	65%	79%
Adolescent fertility rate	71	119	57	60	76
HIV prevalence,15-24 age group	1.1%	6.7%	0.3%	n.a.	0.5%
Infant mortality rate	63	87	57	42	36
Life expectancy, male	62	50	65	66	66
Life expectancy, female	65	53	68	69	73
Annual population growth rate	1.5%	2.4%	1.3%	2.0%	1.5%
GDP per capita growth rate	4%	2%	6%	4%	0%
Gender gap in enrolment rates at the primary level	89	78	89	89	95
Gender gap in enrolment rates at the secondary level	85	69	83	69	102
Adult female literacy	58%	39%	59%	49%	85%
Women sitting in parliaments	10.0%	10.0%	9.2%	3.6%	14.1%

Notes:
Unmet need: simple averages of sub-set of countries with recent DHS survey data available (1995-99).
Maternal mortality ratio = Number of maternal deaths per 100,000 births (1995).
Births with skilled attendants = Percent of all births attended by skilled attendant; incomplete data set (most recent year available).
Adolescent fertility = Number of births to women aged 15-19 per 1,000 women aged 15-19 (1999).
HIV proportion, 15-24 = Percent of youth aged 15-24 infected with HIV; incomplete data set (2000)
Infant mortality rate = Number of infant deaths per 1,000 births (1998).
Life expectancy = Life expectancy at birth in years (1998).
Annual population growth rate (2000)
GDP per capita growth rate; incomplete data set (1999).
Gender gap = Ratio of net female enrolment to net male enrolment (1999).
Adult female literacy= Percent of women aged 15+ who are literate (1982-1998).
Women sitting in parliaments (2000)
Sources: see Annex 1.

15. In all regions, particularly Africa and Latin America, some countries are experiencing or emerging from emergency and conflict situations. These situations can disrupt basic services, displace populations and destabilize entire regions, as in east and southern Africa. Reproductive health problems such as sexually transmitted infections (STIs), rape, and unsafe pregnancy and childbirth conditions require special interventions.[1] In post-conflict situations, attention must be paid to reproductive health risks in demobilization and peacekeeping operations.

16. HIV/AIDS poses one of the greatest threats to development results, slowing down progress, and making previous benchmarks too optimistic. In southern Africa, it reverses the expected trends – raising infant and child mortality and crude death rates, lowering life expectancy, and decreasing population growth rates -- through death rather than family planning. UNFPA's comparative advantage in HIV/AIDS programming lies in the area of prevention, and programmes in all regions are investing in the future by putting a primary focus on protecting adolescents against infection.

17. Poverty is closely associated with reproductive health status, including early age at marriage and first birth, low contraceptive prevalence rates, short birth intervals, low birth weight, and relatively high risks of maternal and infant mortality. In the fight against poverty, UNFPA

[1] UNFPA's admission to membership in the Inter-Agency Standing Committee on Humanitarian Affairs in April 2000 is a recognition of the importance of addressing reproductive health in emergency situations.

programmes are increasingly putting emphasis on under-served areas and the most deprived and vulnerable groups in the population. These include indigenous, rural, peri-urban and urban poor groups, and displaced persons, groups that are often the furthest from achieving the ICPD goals.

18. Health sector reform, including the decentralization and integration of health programmes, and the development of sector-wide approaches (SWAps) require adjustment in UNFPA strategies, with more advocacy, capacity building and knowledge sharing among local government and civil society partners. Strategies must ensure that ICPD issues remain central to national and local agendas and strengthen basic reproductive health services to improve health outcomes, especially for the poor. This is an immense challenge given UNFPA's limited resources, but country offices realize that decentralization and SWAps, with greater stakeholder participation, can be key to achieving results.

19. UNFPA core allocation cuts have had a serious effect on progress towards results, lengthening the time period in which the Fund can expect to achieve results. In almost all countries, cuts have led to a reduction, postponement or interruption in some UNFPA-funded activities, disrupted programmes, and strained the Fund's credibility among government and other partners at the country level. UNFPA and national partners have addressed this shortfall by reviewing targets, priorities and strategies and by reducing the reach of programmes. In some cases, partners have been able to take over some activities, underlining the importance of establishing strong partnerships around shared goals to ensure sustainability in an uncertain resource environment.

III. THE MYFF RESULTS FRAMEWORK

A. Background

20. The MYFF results framework identifies the goals to which UNFPA contributes and the outputs for which it is willing to be held accountable at an organizational level, to be demonstrated through a limited set of indicators, and the key strategies through which it plans to achieve these results.[2] The goals and their indicators reflect the ICPD Programme of Action, the UNFPA mission statement,[3] ICPD+5 benchmarks, the Task Force of the Administrative Committee on Coordination on Basic Social Services for All, and include some of the Common Country Assessment (CCA) indicators developed in the context of the United Nations Development Assistance Framework (UNDAF). The MYFF outputs, output indicators and strategies were drawn from the most common outputs and strategies identified by country offices in the logical frameworks (logframes) of country programmes and subprogrammes in reproductive health, population and development strategies, and advocacy.

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[2] A result is a describable or measurable change in state that is derived from a cause and effect relationship. The MYFF captures two levels of results: goals, defined as a basic condition of well-being for individuals, families and communities, to which UNFPA contributes through its work; and outputs, the time-bound results that UNFPA can be considered accountable for achieving through programmes and other activities and that contribute directly to the attainment of goals. Indicators are measures or pointers that help to quantify or describe the achievement of results and monitor progress towards attaining goals. Strategies are the ways in which the Fund deploys resources to achieve results.

[3] Executive Board decision 96/28.

21. The Fund made great efforts to keep the MYFF framework as short, simple and strategic as possible, both to provide a clear picture to our partners of our strategic direction, and to avoid an impossible reporting burden on country offices and national partners. A main concern was to ensure as close a correspondence as possible between the organizational MYFF and the country-level logframes, while still allowing country offices to respond appropriately to local priorities within the Fund's mandate. The MYFF must be seen as a work in progress, at least at the level of outputs and strategies, as countries work out the best way to contribute to the MYFF's long-term goals. The development of approximately 40 new country programmes, nearly half of all UNFPA programmes, in 2001 provides an excellent opportunity to seek a closer alignment between the MYFF and country logframes.

22. The analysis carried out in this report of the current situation with regard to the MYFF results framework uses chart A as a guide.

CHART A. MYFF 2000-2003 Results Framework—UNFPA Goals, Outputs, Indicators and Strategies*

Goal	Goal Indicators	Outputs	Output Indicators
1) All Couples and individuals enjoy good reproductive health, including family planning and sexual health, throughout life (115)	Unmet need for family planning (52) Maternal mortality ratio (92) Proportion of births assisted by skilled attendants (74) Adolescent fertility rate[6] (59) HIV prevalence in persons aged 15-24[7] (47) Infant mortality rate (87) National mechanisms to monitor and reduce sexual violence (34)	i) Increased availability of comprehensive reproductive health services (92)	(a) Percentage of service delivery points (SDPs) offering at least three of the following reproductive health services (68): - Modern family planning methods; - Maternal health and assisted delivery; - Prevention and management of RTIs, including STDs, and HIV/AIDS; - Management of the consequences and complications of unsafe abortion; - Information, education and counselling on human sexuality and reproductive health, including family planning (b) Percentage of SDPs offering information, education, counselling and access to services to adolescents[8] (54)
		ii) Improved quality of reproductive health services (83)	(a) Percentage of SDPs offering at least three modern methods of contraception (66) (b) Percentage of SDPs providing quality RH services in accordance with established protocols[9] (32)
		iii) Improved environment for addressing practices that are harmful to women's health (29)	(a) National policy in place to address harmful practices (34)
2) There is a balance between population dynamics and social and economic development (94)	(a) Life expectancy at birth by sex (64) (b) Annual population growth (66) and GNP per capita growth rates (66)	iv) National development plan and sectoral plans in line with ICPD Programme of Action (71)	(a) Intersectoral mechanisms to review development and sectoral plans (43) (b) Number of government officials who have attended training programmes addressing gender issues (39)
		v) Increased availability of sex-disaggregated population-related data (65)	(a) National database of sex-disaggregated population-related data (57), with plans to update at regular intervals (39)
3) Gender equality and empowerment of women are achieved (89)	(a) Gender gap in enrolment rates at the primary (49) and secondary level (41) (b) Adult female literacy rate (44) (c) Proportion of women parliamentarians (37)	vi) Increased information on gender issues (55)	(a) Percentage of primary (39) and secondary schools (22) that have adopted gender-sensitive RH materials (b) Number of information materials on gender issues targeted specifically to men (23)
Strategies *Advocacy - Strengthening National Capacity - Building and Using a Knowledge Base - Promoting, Strengthening and Coordinating Partnerships*			

*The numbers between parentheses are the number of countries reporting MYFF goals, outputs and indicators in their UNFPA-assisted programmes.

4 For the purpose of MYFF reporting, the number of countries in which some positive movement in the variables occurred will be reported.
5 For the purpose of MYFF reporting, the number of countries in which some positive movement in the variables occurred will be reported.
6 United Nations Population Division data on the number of births per 1,000 women aged 15-19 will be used.
7 UNAIDS data on HIV prevalence in 15-24 year old pregnant women will be used.
8 Older adolescents between the ages of 15-19.
9 Protocols include minimum standards developed in partnership with WHO.

23. The findings of the MYFF situation analysis confirm that the MYFF results, indicators and strategies are widely consonant with those of the programme countries, especially in countries where UNFPA invests most resources. The biggest challenge ahead lies in the severe lack of data to measure progress towards the achievement of results; that deficiency can only be addressed by enhanced efforts among all development partners in the context of each country's situation. Only with a global investment in building country-level capacity in collection, analysis and use of data will it be possible to measure progress towards ICPD goals.

24. The analysis in this section is based on the MYFF situation analysis and the reports for 2000 produced by country offices, CSTs and the intercountry programme. The section begins by examining the fit between the MYFF results framework and country programmes; assesses progress and constraints in operationalizing the framework; examines the linkages between strategies and results; reviews the situation with regard to data availability; and makes recommendations for refinement of the framework. It is not possible at this stage to evaluate actual against expected results given the very early stage of MYFF implementation.

B. The alignment of the results framework with country programmes

25. The three MYFF goals are interrelated and mutually supportive. They all contribute to the overarching goals of poverty reduction and improved quality of life shared by all United Nations organizations. The MYFF situation analysis confirms that almost all UNFPA-funded programmes and activities have at least one of the MYFF goals, with 84 per cent of countries having at least two goals and 63 per cent of countries having all three goals. Over 90 per cent of countries have the reproductive health goal, followed by 75 per cent with the population and development goal and 71 per cent with the gender equality goal (see chart A). The alternative results and indicators identified in the situation analysis will be examined in section F on the refinement of the framework.

Table 2: UNFPA country offices with the number of MYFF goals by category of country

	3 goals	2 goals	1 goal
Category A (52)*	37	10	4
Category B (33)	25	5	3
Category C (10)	3	6	1
Category O (10)	6	3	1
Category T (18)	7	1	5
All categories (123)	78	25	14

*The numbers between parentheses are the total number of responding countries in each category.

26. A high percentage of Category A and Category B countries,[10] those with the most comprehensive programmes and where UNFPA has invested most resources and capacity building efforts, recognize all three MYFF goals. Thus, as one would expect, the programmes supported by UNFPA in Category A and B countries, which include all of the least developed countries, are the ones in which the MYFF will be the most relevant.

27. The MYFF outputs were drawn from existing country programme logframes. The six outputs reflect the major strategic results for which the Fund is willing to be held accountable.

[10] See DP/FPA/2000/14 for the definition and description of the UNFPA system for the allocation of resources to country programmes. Category A countries include all the least developed countries.

The MYFF outputs are not meant to be exhaustive, allowing country programmes to respond to national priorities and opportunities and to emerging situations as they arise. However, the MYFF outputs and their indicators are the most common of those that are utilized in UNFPA-assisted country programmes.

Table 3: UNFPA country offices with MYFF outputs by category of country

	Countries with at least 5 outputs	Countries with at least 3 outputs	Countries with at least 1 output
Category A (52)*	31	33	37
Category B (33)	11	25	30
Category C (10)	3	6	9
Category O (10)	-	1	8
Category T (18)	2	6	12
All categories (123)	47	71	96

*The numbers between parentheses are the total number of responding countries in each category.

C. Operationalizing the MYFF results framework

28. This section gives a snapshot of the current situation with regard to MYFF results, indicators and strategies, including an overview of the Fund's progress towards developing and operationalizing a more strategic approach to achieving programme results. It shows that the Fund is moving towards a more results-oriented performance culture but also indicates that these are first steps and that there is a lot of progress to be made before countries can really offer evidence-based conclusions concerning their achievement or non-achievement of results.

Goal 1. All couples and individuals enjoy good reproductive health, including family planning and sexual health, throughout life

29. UNFPA has a major role to play in achieving the goal of good reproductive health for everyone, and the Fund devotes more than two thirds of its resources towards reproductive health programmes. The goal-level indicators in the MYFF all reflect areas where the Fund makes a substantial contribution both through global advocacy efforts and through its country programmes.

30. Goal indicators. There are significant regional differences in the level of unmet need for family planning, with highest levels in sub-Saharan Africa, consistent with United Nations estimates[11] that over half of African countries have contraceptive prevalence rates of less than 20 per cent. Globally, an estimated one third of pregnancies are unwanted or mistimed; approximately 20 million of an estimated 50 million abortions each year are unsafe; and 78,000 women die and millions suffer illness or disability as a result.[12] The ICPD+5 review called upon countries to bridge the gap between contraceptive use and the proportion of individuals expressing a desire to space or limit their families by at least 50 per cent by 2005. As the lead agency in contraceptive procurement, the Fund considers reducing unmet need to be a priority. UNFPA-supported efforts in the KATTUK[13] region, for example, are helping countries to move

[11] United Nations Population Division, *Charting the Progress of Populations* (New York, 2000).

[12] UNFPA, *State of the World Population* report (New York, 2000).

[13] Kazakhstan, Azerbaijan, Tajikistan, Turkmenistan, Uzbekistan and Kyrgystan.

from reliance on abortion to contraception to avoid unwanted births. In all regions, UNFPA is addressing the cultural as well as the logistical barriers to reducing unmet need.

31. UNFPA is actively pursuing the ICPD goal of effecting significant reductions in maternal mortality, with emphasis on the least developed countries. Maternal mortality in sub-Saharan Africa is more than twice the developing-world average. According to revised 1990 estimates,[14] fewer than 10 per cent of countries in this region had a maternal mortality ratio below 125 per 100,000 live births, the ICPD benchmark for 2005. In 2000, UNFPA conducted a review of all maternal mortality prevention activities in 1998-1999.[15] Building on lessons learned, including global and UNFPA evaluations of the Safe Motherhood Initiative, the Fund focuses on three areas that have been shown to reduce maternal death and disability: decreasing the likelihood that pregnancies will be unwanted; the likelihood that a pregnant woman will experience a serious complication in pregnancy and childbirth; and the probability of death among women who experience complications. The Fund is thus allocating its resources to improving reproductive health services, including family planning; to ensuring skilled attendance at birth; and to providing emergency obstetric care.[16] Country reports show that successful interventions combine these approaches within the context of improved referral systems.[17]

32. ICPD+5 recognized the close correlation between maternal mortality and the proportion of women giving birth attended by skilled attendants, a process indicator with more readily available data that permits better and more timely planning of interventions. In the developing world today, only 58 per cent of all deliveries take place with the assistance of a skilled attendant.[18] Some countries are faced with deteriorating health services and high levels of HIV infection that could mean a decline in their relatively high proportions of assisted births. The latest available figures show that the ICPD+5 benchmark of having 40 per cent or more of births assisted by skilled personnel by 2005 in countries where maternal mortality is very high has been achieved in only a little more than half of sub-Saharan African countries. [19]

33. The need for Governments to address adolescent sexual and reproductive health issues was reaffirmed by ICPD+5, although no benchmarks were identified. More than 14 million adolescents give birth each year, with a high proportion of adverse pregnancy outcomes. Adolescent reproductive health is a major programming priority for UNFPA, and in 2000, the Fund developed a strategic approach that builds on its comparative advantage, while also emphasizing partnerships with other, especially United Nations, agencies. A UNFPA guidance note for the United Nations Resident Coordinator system provides a framework for promoting adolescent sexual and reproductive health at the country level. Building on experience from

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[14] WHO/UNICEF, *Revised 1990 Estimates of Maternal Mortality: A New Approach* (Geneva, 1996).

[15] UNFPA, *Maternal Mortality: A Report on UNFPA Support to Reduce Maternal Mortality* (New York, February 2001).

[16] UNFPA is collaborating with UNICEF, CARE and Save the Children to implement a $9 million programme to strengthen emergency obstetric care as part of a grant to Columbia University from the Bill and Melinda Gates Foundation on averting maternal deaths and disabilities. India, Morocco, Mozambique, Nicaragua and Uganda were selected because of their institutional capacity. Needs assessments are planned for Cameroon, Cote D'Ivoire, El Salvador, Guatemala, Honduras, Mauritania, Niger and Senegal.

[17] In Uganda, an evaluation found that UNFPA support to a maternal care service network with a community-based referral system was decisive in decreasing maternal death in at least one district. Morocco reduced maternal illness and death by improving emergency obstetric care and ensuring the availability of skilled personnel attendants at birth. In both cases, monitoring and evaluation identified constraints that were then addressed by programme managers.

[18] The situation analysis emphasized the importance of establishing a common definition for "skilled attendants" as standards tend to be higher, for example, in Latin America, making it difficult to compare progress among regions.

[19] WHO, *Coverage of Maternity Care: A Listing of Available Information*, 4th edition (Geneva, 1996).

sexual and reproductive health programmes worldwide, key action areas and strategies are: (a) carrying out policy and programme advocacy that addresses gender inequalities, discriminatory and harmful practices; (b) improving information on adolescents; (c) strengthening out-of-school and school-based sexual and reproductive health education; and (d) making health services adolescent-friendly.[20] UNFPA has a key role in many of these interventions, as reflected in the Goal 1 and 3 outputs and output indicators.

34. Adolescents and young people are also among the most vulnerable to HIV infection, with an estimated half of all new cases of HIV infection in young people between 15-24. ICPD+5 paid special emphasis to addressing the needs of young people and established the benchmark of reducing the prevalence globally by 2005, and by 25 per cent in most affected countries. Reliable information on HIV/AIDS prevalence is extremely difficult to obtain, but sentinel surveillance studies among pregnant women attending health centres can provide some data on this age group. Existing data indicate that Asia and the Pacific, the Arab States, Eastern Europe, Central Asia, Latin America and the Caribbean are all experiencing a rise in the number of infections, although there remain disparities within regions.[21] UNFPA activity has intensified as the pandemic has worsened, growing from support to 41 countries in 1991 to 138 countries in 1999. UNFPA's comparative advantage is in the area of prevention, based on its long experience of support to community-based services, including prevention of infection in mothers and transmission to children; the integration of HIV prevention into reproductive health and national education programmes; adolescent peer education and community-based interventions for men; addressing the gender inequalities that make women more vulnerable to infection; and condom procurement for dual protection against unwanted pregnancies and STIs. UNFPA's HIV/AIDS strategy proposes new areas of support, including policy dialogue and legislation, counselling, and strengthening sociocultural research on the role of gender power in sexual relations.

35. The timing, spacing and number of births and the reproductive health and survival of mothers are crucial to child survival. Sub-Saharan Africa has the highest levels of infant mortality, with 48 countries having rates of 50 or more deaths per 1,000 live births. In southern Africa, expected declines in infant mortality rates are being reversed by HIV/AIDS, increases in maternal mortality, and mother-child HIV transmission. UNFPA contributes to reducing infant mortality through interventions to decrease maternal death, improve prenatal care and counselling, strengthen referral systems, and prevent STIs and HIV/AIDS.

36. Globally, at least one in every three women has been coerced into sex, beaten or abused in some other way.[22] National responses to gender-based violence are still at an early stage, and the MYFF indicator on national mechanisms to monitor and reduce sexual violence was selected to demonstrate growth in national commitment to these issues. The Fund expects to replace this by an evidence-based indicator when commitment leads to more reliable and comparable data.

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[20] The EC/UNFPA Initiative for Reproductive Health in Asia, supported by the European Commission, has developed country-level adolescent reproductive health strategies in Cambodia, Lao People's Democratic Republic, Sri Lanka and Vietnam to respond to the non-availability of services for adolescents.

[21] Prevalence ranges from 0.07 per cent in East Asia and the Pacific to 0.56 per cent in South and South-East Asia.

[22] Lori Heise, Mary Ellsberg and Megan Gottemowiler, *Ending Violence Against Women*, Population Reports, Series L, No. 11 (Baltimore, Johns Hopkins University School of Public Health, Population Information Program, December 1999).

37. Goal 1 outputs. The three MYFF outputs for Goal 1, and their indicators, show some of the major contributions the Fund can make to achieving the reproductive health goal in terms of improved services and a more enabling environment for reproductive health. The first two outputs reflect the focus of UNFPA interventions, in all regions, on increasing the availability and quality of reproductive health information, counselling and comprehensive services, with a special focus on meeting the needs of adolescents. In sub-Saharan Africa, UNFPA achievements include integrating reproductive health packages into basic health services, developing norms and procedures to improve standards of care, increasing sensitivity and improving skills of service providers in responding to adolescents, and fostering improvements in the contraceptive procurement and logistics systems. In 30 countries, 60 per cent of service delivery points are offering at least three reproductive health services,[23] a statistic that refers principally to those service delivery points that receive UNFPA support. Only 20 per cent of countries with this indicator have data for monitoring on an annual basis (see table 15, annex 2). Countries identified the following set of the three most common reproductive health services: modern family planning methods; maternal health care and assisted delivery; and prevention and management of reproductive tract infections (RTIs), including STIs, and HIV/AIDS. A few countries reported the availability of the full range of services.

38. There is an urgent need to provide appropriate, user-friendly and accessible information and services to address the special reproductive and sexual health needs of adolescents. UNFPA support provides training to improve health service providers' understanding and communication skills, and services that meets adolescents' needs, including confidentiality and privacy and convenient hours. When information, education, counselling and services are not available in a single setting, countries often ensure that services are functionally linked through referrals. There is nevertheless considerable resistance in many cultures to providing such services, so increased IEC and advocacy efforts are called for. While expanding clinic reproductive services to married and unmarried adolescents is essential, this does not replace outreach to communities and other settings.

39. In 2000, UNFPA worked with other United Nations agencies to develop a common United Nations vision on quality of care, which involves increasing the supply and demand for quality services, an approach that will be tested in six countries in four regions. UNFPA's own contribution to improved quality includes support to ensuring the widest possible range of safe, effective, affordable and accessible family planning and contraceptive methods and the highest professional standards. In 38 countries, 60 per cent of service delivery points offer at least three modern methods of contraception. These data pertain to UNFPA assistance only and may not reflect the broader picture in countries where there may be disparities in contraceptive availability and choice. Some countries reported that contraceptives are now included in essential drugs lists and are subject to cost recovery, which will certainly increase their accessibility. In Georgia, availability of free contraceptives has had a crucial impact on the abortion rate. The country experienced a decrease in the contraception/abortion ratio from 1:4 in 1993 to 1:1 in 2000, an improvement related directly to UNFPA as the only source of contraceptive supplies in the country. While UNFPA procurement for external partners doubled in 2000 from $20 to $40 million, the drop in the Fund's core resources led to a dramatic decline

[23] Modern family planning methods; maternal health care and assisted delivery; prevention and management of RTIs, including STIs, and prevention of HIV/AIDS; management of the consequences and complications of unsafe abortion; IEC and counselling on human sexuality and reproductive health, including family planning.

in country office requests for reproductive health commodities and procurement for UNFPA-supported projects.[24] This had a negative affect on UNFPA's contribution to contraceptive availability and choice in 2000, a trend that will hopefully be reversed in 2001 with increased multi-bilateral funding to ensure reproductive health commodity security. The Fund's reproductive health commodity security strategy, developed in 2000, is a priority for UNFPA and will be key to helping countries ensure contraceptive choice.

40. The existence and use of norms and protocols to guide health workers are essential to ensure consistent quality of care on a range of issues, including sexual violence, and adolescent sexuality. While only a limited number of reporting countries[25] have at least 60 per cent of UNFPA-supported service delivery points that provide reproductive health services in accordance with established protocols, many indicate that they are supporting the development of these protocols, suggesting that the use of this indicator will increase over time. Some countries caution that the existence of protocols may hide a lack of equipment and trained personnel; others point to the reality that established protocols exist for family planning but not for other reproductive health services, suggesting that the Fund needs to prioritize the latter. It is also essential that these protocols be accompanied by training that emphasizes a team approach in their implementation. In 2000, UNFPA developed service manuals, currently being field tested, to strengthen capacity to address sexuality and gender-based violence in the clinic setting.

41. Sexual violence, forced and early marriage, lack of education and life opportunities, poor nutrition, female genital cutting (FGC), birth and sexual practices all affect women's ability to protect themselves against unwanted pregnancy, complications of pregnancy, unsafe abortion and STIs, including HIV/AIDS. While UNFPA support to improving the environment for addressing practices harmful to women's health is a relatively new area, annual reports shows growing country-level activity through advocacy, knowledge and capacity building, and extending partnerships with Governments, civil society and the media to expand public awareness and to develop an appropriate legislative and political response. Responses vary with the country context, [26] and include setting up government mechanisms and committees of concerned non-governmental organizations (NGOs) against practices such as FGC, advisory councils to monitor gender-based violence, crisis centres, family tribunals, and national action groups on family violence. Twelve countries report legislative moves towards combating sexual violence. A Fund-wide survey in 2000 provided baseline information on UNFPA support to addressing the problem of obstetric fistula, a major cause of maternal death and disability associated with early pregnancy and obstructed labour that is found most often among young, poor and malnourished women.

Goal 2 – There is a balance between population dynamics and social and economic development.

42. The ICPD Programme of Action recognizes the interrelationship between population change, natural resources, environment, and the pace and quality of social and economic

[24] The peak for UNFPA field procurement was in 1997 with $43,973,243. This declined to $43,582,429 in 1998; $20,865,229 in 1999; and $18,009,114 in 2000, including $1,731,887 for emergency reproductive health kits.

[25] Five in Africa, three in Arab States and Europe, one in Asia and the Pacific, and five in Latin America and the Caribbean.

[26] In sub-Saharan Africa interventions include increased information on gender issues; national policies for women, including the revision of family codes; social mobilization for the eradication of FGC; and increased support from policy and decision makers, religious and traditional leaders. Arab States, Asia and Latin America emphasize improved policies and legal frameworks for the exercise of sexual and reproductive rights and prevention of gender-based violence.

development. The area has long been a priority for UNFPA. The Fund's assistance focuses on population policy development, including the integration of reproductive health, population and gender issues into development planning and programmes, and the improvement of data systems.

43. Goal 2 indicators. Assessing the balance between population dynamics and social and economic development is challenging as it involves the examination of a combination of demographic, social and economic indicators. The MYFF chose to use life expectancy at birth by sex as one indicator closely connected to the health conditions of the population that reflects many social, economic and environmental influences. The overall achievement in improving life expectancy at birth in the last decade and the increase in the sex differential in favour of women disguises interregional differences and lower rates among marginalized groups, in situations of conflict, and in areas with high HIV/AIDS prevalence. Four-fifths of African countries and over one-tenth of developing Asian and Pacific countries have not achieved the 2000 goals of the World Summit on Social Development (WSSD) Programme of Action.[27] UNFPA-supported programmes advocate for increased availability, accessibility and affordability of health-care services, increased community participation in health-care planning, integration of reproductive health into health and education sector reforms, and increased health and education expenditures.

44. Annual population growth rate and growth rate of per capita gross national product (GNP) reflect important dimensions in the balance between population and development and have relatively accessible data. There is wide regional disparity in the use of annual population growth as an indicator, ranging from a fifth of countries in the Latin American and Caribbean region to all countries in Asia and the Pacific. The relationship between the two indicators has to be interpreted carefully as a decline in population growth cannot always be seen as a positive indicator. For example, in southern African countries, reduced population growth rate is not due to reduced fertility and mortality but to increased mortality, indicating the loss of an immense human resource in the most productive age group as the result of the HIV/AIDS pandemic. A rise in GNP can also disguise a decline in living conditions among certain population groups.

45. Goal 2 outputs. UNFPA's own planned outputs to contribute to Goal 2 reflect two of the major areas of the Fund's intervention. The alignment of national development plans and sectoral plans with the ICPD Programme of Action reflects UNFPA's leading role in ICPD implementation. In sub-Saharan Africa, Latin America and the Caribbean, UNFPA assistance is leading to increased government commitment and capacity to integrate population, reproductive health and gender issues into national and sectoral development policies and plans and to update national population policies and action plans, with emphasis on an intersectoral and participatory approach to policy development. In several countries in the Arab States region, UNFPA has supported activities to document gender gaps to address gender differentials in national plan and policy development, while in Asia and the Pacific many countries are working towards improved implementation of national population policies.

46. Forty-three countries (see chart A) demonstrate their progress through the development of intersectoral mechanisms to review development and sectoral plans and their alignment with the ICPD Programme of Action. Country reports show a mix of strategies to establish these

[27] WSSD Programme of Action, 3(b) " by the year 2000, a life expectancy of not less than 60 years in any country". One fifth of Latin American and Caribbean countries, one tenth of Asia and Pacific countries, and only one African country have achieved the ICPD goal for 2015.

mechanisms that vary with the national context. These include steering committees to promote collaboration among national and regional partners and the coordination of line ministries and NGOs; joint planning initiatives across the public, NGO and private sector; intersectoral committees to develop national policies and plans that integrate gender and reproductive health; multisectoral, inter-agency task forces to backstop provincial planning; and multisectoral national and regional committees to address HIV/AIDS as a major development issue. UNFPA is also fostering closer partnerships with NGOs, especially women's organizations, to ensure that their voices are heard in public policy dialogue, in Asia and Africa.

47. The Fund's assistance in mainstreaming gender issues at various levels of government is captured by a second indicator, the number of government officials who have attended learning programmes addressing gender issues. Building commitment and capacity in gender analysis is crucial to gender-sensitive planning; this can be usefully complemented by monitoring at the country level to ensure that the training has been applied to practice. More than half of the countries with this indicator are experiencing problems with the availability and accessibility of data, although a few countries report that these will be resolved in the near future. Since UNDP and UNIFEM also include gender issues in their learning programmes for government officials, a number of countries report complementary actions among these agencies.

48. The second UNFPA output that contributes to the population and development goal is increased availability of sex-disaggregated population and development-related data. This is a recognition of UNFPA's leading role in this field and the serious constraints that lack of data impose on population and development planning. All countries are working to increase capacity to generate and use such data, mainly through support to censuses and population surveys. The section on strategies provides an analysis of how UNFPA works at the country level to achieve this result. Over half of the countries with this output use the existence of a national database of sex-disaggregated population-related data as an indicator, but fewer countries plan to update this at regular intervals, reflecting the fact that many of the sources provide data only at irregular intervals and with a long time-lag. This indicator is prospective, indicating the ideal situation with regard to data accessibility and reliability at the country level.

Goal 3 – Gender equality and empowerment of women are achieved

49. Gender inequality has direct consequences on women's health, education, social and economic participation. The ICPD made gender equality and women's empowerment central goals of the Programme of Action, priorities that were reconfirmed by ICPD+5, which recommended a number of key actions. UNFPA's 2000 *State of the World Population* report[28] was devoted to issues of gender inequality and women's rights and proved an important resource for country offices in increasing public awareness of these issues. UNFPA's commitment to gender equality and women's empowerment is shared with other United Nations agencies and is reflected in the UNDAF indicator framework.

50. Goal 3 indicators. The MYFF selected three indicators, on education, literacy and political participation, to measure global progress towards reaching the gender goal. In 2000, more than 113 million children had no access to primary education, with continuing

[28] UNFPA, *Lives Together, World's Apart: Men and Women in a Time of Change* (New York, 2000).

discrimination against girls, and 880 million adults were illiterate, and there are still wide gender disparities.

51. The World Education Forum in Dakar in April 2000 emphasized that education is a human right, and UNFPA joined with other United Nations partners to establish a Framework for Action. The Fund has a special contribution in ensuring that education addresses gender and reproductive health issues and helps children to protect themselves against HIV/AIDS. Girls' education is consistently shown to be one of the best investments in promoting gender equality and women's empowerment, thereby improving reproductive health. It is measured by the gender gap in enrolment rates at the primary and secondary level. Sub-Saharan Africa has the most serious gender gaps in secondary school enrolment. UNFPA's support to reduce adolescent pregnancy and to introduce gender-sensitive reproductive health education in schools is supplemented by advocacy efforts with other United Nations agencies to address other cultural and economic barriers that keep girls out of school.

52. Literacy and other basic skills are vital to women's empowerment and their full participation in development. The adult literacy rate has been steadily increasing in all countries, but regional and gender disparities are still wide. ICPD+5 called for Governments to reduce the rate of illiteracy of women and men, at least halving it for women and girls by 2005, compared with the rate in 1990. The latest UNESCO statistics, for 1995,[29] show that sub-Saharan Africa and all least developed countries have the highest illiteracy rates for women, and the biggest gender gap.

53. The proportion of women parliamentarians indicates women's political empowerment at the national level, an indicator also used by UNDP and UNICEF despite its limitations. There is a wide variation in women's share of seats in national parliaments within regions,[30] due in part to differences in electoral and governmental systems. In general, the proportion of women elected representatives is higher at the local level than at the national level, but there is a lack of reliable and comparable local information. This indicator should be complemented in country programme logframes by indicators on women's participation in local decision-making.

54. Goal 3 outputs. UNFPA's main direct contribution to gender equality and women's empowerment is through the promotion of policy, attitudinal and behavioural changes, which is why the Fund's own planned output is increased information on gender issues, reflecting the essential role of information, knowledge and awareness in improved policy dialogue and empowerment. UNFPA is particularly concerned to reach those who are normally excluded from information networks and whose contribution is crucial to present and future change in gender power relations, namely men and youth. Men are very often the political and cultural decision makers and gatekeepers to change, which is why many countries have interventions that focus on policy and decision makers, religious and traditional leaders as well as targeting men in their personal and family relationships. In 2000, UNFPA developed a new programming approach built on a better understanding and greater involvement of men as partners in promoting gender equality and sexual and reproductive health.[31] The lack of data for the MYFF

[29] United Nations, *Charting the Progress of Nations* (New York, 2000).

[30] UNIFEM, *Progress of the World's Women 2000* (New York, 2000).

[31] "UNFPA, "Partnering: A New Approach to Sexual and Reproductive Health", Technical Paper No.3 (New York, 2001).

output indicator, the number of information materials targeted specifically to men, reflects a lack of attention to this area in some programmes.

55. UNFPA's long investment in integrating population and family life teaching into school education should provide a solid basis for strengthening the gender dimension in education, which is measured in the MYFF framework by the percentage of primary and secondary schools that have adopted gender-sensitive reproductive health curricula. The situation analysis shows that there are currently few data available in this area although there is some evidence of a movement towards this approach, even in primary schools. A little under 50 per cent of countries with this indicator report that some primary schools have adopted such curricula. Five countries report that 100 per cent of primary schools have adopted gender-sensitive reproductive health curricula. Three of these five countries also reported that 100 per cent of secondary schools have adopted gender-sensitive reproductive health curricula.

D. Strategies to achieve results

56. Identifying expected results do not tell us how to achieve them, which is why strategies, the ways in which resources are deployed to achieve results, are a crucial part of the MYFF results framework. The Executive Board decision requested UNFPA to refine the linkages between strategies, goals and outputs, based on experience gained during implementation. The four strategies included in the MYFF are advocacy; strengthening national capacity; building and using a knowledge base; and promoting, strengthening and coordinating partnerships. Results are achieved through country-level interventions and regional and interregional partnerships. The 2000-2003 intercountry programme adopts all the MYFF strategies.[32] The situation analysis confirms that these are the principal programming strategies at the country level, with a flexibility that allows them to respond to different contexts. The strategies are mutually supporting and interactive, and all four are being used to achieve MYFF outputs and goals (table 16 in annex 2). The most commonly used strategy is capacity building, followed closely by partnerships and advocacy, and then knowledge building.

57. The success of strategies will be demonstrated through achievement or progress towards results, especially outputs, and movement in results indicators over the MYFF period. The situation analysis asked countries to rate their success in using the strategies for each output (very successful, moderately successful, not successful). While recognizing that there is no way at this very early stage in MYFF implementation to validate these judgments, this is the first time that country offices have been asked to link strategies to MYFF outputs and to provide even a subjective assessment of their success.

[32] Oral progress report on implementing the 2000-2003 UNFPA intercountry programme. UNDP/UNFPA Executive Board, first regular session, item 8, 5 February 2001.

Table 4: Proportion of countries reporting MYFF strategies moderately or very successful by goals and outputs (in per cent)

STRATEGY	GOAL 1			GOAL 2		GOAL 3
	OUTPUT 1	OUTPUT 2	OUTPUT 3	OUTPUT4	OUTPUT 5	OUTPUT 6
	RH Availability	RH Quality	RH Environment	ICPD/ Plans	Data Availability	Gender Information
Advocacy	88	91	93	82	80	96
Capacity Building	98	96	77	90	87	84
Knowledge	88	85	70	83	87	77
Partnerships	94	88	70	84	87	77

58. Overall, countries reported more success in using advocacy for reproductive health and gender than for population and development (see table 4). National capacity building is seen as most successful in improving the availability and quality of reproductive health services, with least reported success in improving the environment for women's health, a more recent area of intervention. The lack of perceived success in using knowledge building for improving the environment for women's health and information on gender issues suggests that countries need to review and improve strategies for strengthening the gender aspects of programming. Partnerships are also seen as least successful in this area, with most successful partnerships being built around improving reproductive health services. The situation analysis asked countries to identify other strategies, either for MYFF or non-MYFF outputs, but recorded very few. An analysis of annual reports shows that behaviour change communication (also called information, education and communication or IEC) strategies are frequently referred to within the descriptions of all MYFF strategies.[33]

59. The following analysis relates strategies to the results identified in the MYFF framework and tries to identify some of the conditions for success. Countries were requested for the first time to report in their annual reports on the effectiveness of MYFF strategies in achieving results, and to provide examples of what worked, what did not work and why. This analysis is restricted by the fact that the MYFF framework was only approved in mid-2000, which makes it difficult for countries to retroactively link strategies to MYFF results. The uneven quality of reporting suggests that it will take time to move beyond input and activity reporting to a more analytic results-based approach. Nevertheless, a review does provide some lessons learned. It also shows that strategies are aimed at influencing upstream policy and planning as well as strengthening the community-level interventions essential for UNFPA's preventative approach.

Strengthening national capacity[34]

60. Country offices in all regions prioritize capacity building in the context of national execution and ownership and spend the largest amount of their resources on this area. The

[33] Other strategies identified in the situation analysis were strategies to reach adolescents; data collection and analysis; and sectoral strategies. All of these can be found in the four key MYFF strategies.

[34] Capacity building is a central concern of all United Nations operational activities, with an emphasis on "institutional change, development of systems and processes, including accountability and transparency, knowledge and skills, and participation and commitment.... It is becoming increasingly evident that the individual and collective ability of people in a country to collaborate, manage conflict, make societal choices, learn new skills, develop confidence – in short to sustain themselves and make progress – depends critically on the quality, performance and legitimacy of their institutions and organizations at all levels of society" ACC Guidance Notes on Capacity Building, p. 1.